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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/434,005 12/17/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NJ	2	12/10	5 3
Examiner's Signature	Initials			

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## TITLE

Antibiotic Cyan426-A

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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